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CONFIRMATION NO. 8355

Bib Data Sheet

<b>SERIAL NUMBER</b> 09/617,566	<b>FILING OR 371(c) DATE</b> 07/17/2000 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1615	<b>ATTORNEY DOCKET NO.</b> 04504/100M693- US2
<b>APPLICANTS</b> Samuel P. Sawan, Tyngsboro, MA; Tadmor Shalon, Brentwood, MO; Sundar Subramanyam, Stoneham, MA; Alexander Yurkovetskiy, Acton, MA;				
<b>** CONTINUING DATA *****</b> This application is a CON of 09/151,495 09/11/1998 PAT 6,126,931 which is a CIP of 08/663,269 12/13/1996 PAT 5,869,073 which is a 371 of PCT/US94/14636 12/19/1994				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 09/22/2000</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 24
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> 7278				
<b>TITLE</b> CONTACT-KILLING ANTIMICROBIAL DEVICES				
<b>FILING FEE RECEIVED</b> 390	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	